

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

UNITED STATES DISTRICT COURT
for the

Pennie Rodriguez
Petitioner

v.

4-22CV-974-P
Case No. _____
(Supplied by Clerk of Court)

Michael Smith - Warden
Respondent
(name of warden or authorized person having custody of petitioner)

PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

Personal Information

1. (a) Your full name: Pennie Renee Rodriguez
(b) Other names you have used: Taylor, Hicks
2. Place of confinement:
(a) Name of institution: FMC Carswell
(b) Address: P.O. Box 27137
Fort Worth, TX 76127
(c) Your identification number: 28005-509
3. Are you currently being held on orders by:
☒ Federal authorities ☐ State authorities ☐ Other - explain: _____
4. Are you currently:
☐ A pretrial detainee (waiting for trial on criminal charges)
☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime
If you are currently serving a sentence, provide:
(a) Name and location of court that sentenced you: Northern District of Texas
(b) Docket number of criminal case: 2:20-CR-127-2-BR-G
(c) Date of sentencing: 10-28-2021
☐ Being held on an immigration charge
☐ Other (explain): _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Decision or Action You Are Challenging

5. What are you challenging in this petition:

- ☒ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)
- ☐ Pretrial detention
- ☐ Immigration detention
- ☐ Detainer
- ☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
- ☐ Disciplinary proceedings
- ☐ Other (explain): _____

6. Provide more information about the decision or action you are challenging:

(a) Name and location of the agency or court: FMC Carswell Ft Worth, Tx

(b) Docket number, case number, or opinion number: _____

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

I am Challenging credits owed to me for work, class and Vocational classes at least 12 months FSA Credits off of time.(d) Date of the decision or action: 6-10-22

Your Earlier Challenges of the Decision or Action

7. First appeal

Did you appeal the decision, file a grievance, or seek an administrative remedy?

☒ Yes ☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Unit Team 8.5 grievance(2) Date of filing: 6-10-22

(3) Docket number, case number, or opinion number: _____

(4) Result: Refused to sign paperwork was discarded.(5) Date of result: 30 day wait No result(6) Issues raised: Credit 12 months FSA Credit for employment 3-22 to still working, 3 FSA classes - 45 days, Vocational College course 915 hrs. - 18 months FSA credit.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not appeal:

8. **Second appeal**

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☒ Yes

☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Warden Michael Smith BP 9

FMC Carswell Ft. Worth, Tx

(2) Date of filing: 7-11-22

(3) Docket number, case number, or opinion number:

(4) Result: Refused to sign or give to Warden 8.5 was not signed

(5) Date of result: 7-17-22 No Result

(6) Issues raised: Credit 12 months FSA credit for employment
3-22 to still working, 3 FSA classes - 45 days, Vocational
College Course 915 hrs. - 18 months FSA credit.

(b) If you answered "No," explain why you did not file a second appeal:

9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☒ Yes

☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Administrative Remedy Coordinator
South Central Regional Office.

(2) Date of filing: 8-23-22

(3) Docket number, case number, or opinion number: 1134972-R1

(4) Result: Submitted to wrong level because 8.5 & BP-9 were not sign

(5) Date of result: 10-5-22

(6) Issues raised: Credit 12 months FSA credit for employment 2-22
to still working, 3 FSA classes - 45 days, Vocational College
Course 915 hrs - 18 months FSA credit

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not file a third appeal:

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes ☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes ☐ No

If "Yes," provide:

(1) Name of court:

(2) Case number:

(3) Date of filing:

(4) Result:

(5) Date of result:

(6) Issues raised:

(b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes ☐ No

If "Yes," provide:

(1) Name of court:

(2) Case number:

(3) Date of filing:

(4) Result:

(5) Date of result:

(6) Issues raised:

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: _____

11. Appeals of immigration proceedings

Does this case concern immigration proceedings?

☐ Yes ☒ No

If "Yes," provide:

- (a) Date you were taken into immigration custody: _____
(b) Date of the removal or reinstatement order: _____
(c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes ☐ No

If "Yes," provide:

- (1) Date of filing: _____
(2) Case number: _____
(3) Result: _____
(4) Date of result: _____
(5) Issues raised: _____

- (d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes ☐ No

If "Yes," provide:

- (1) Name of court: _____
(2) Date of filing: _____
(3) Case number: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (4) Result: _____
(5) Date of result: _____
(6) Issues raised: _____

12. **Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes

☒ No

If "Yes," provide:

(a) Kind of petition, motion, or application: _____

(b) Name of the authority, agency, or court: _____

(c) Date of filing: _____

(d) Docket number, case number, or opinion number: _____

(e) Result: _____

(f) Date of result: _____

(g) Issues raised: _____

Grounds for Your Challenge in This Petition

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

GROUND ONE: First Step Act credit allows 15 days per class,
per month of employment at a job here at Carswell. It states
we are entitled to 12 months towards pre-release. None have
been calculated or credited. 8.5, BP-9, BP-10, Time sheet, work

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(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

history, College class hours sheet, TSA Class Sheet on Team Sheet. All prove classes and credits earned and not calculated. 8.5, BP-9 were not even considered nor allowed to file a Remedy to go any farther. Captain Buckner stated to make copies wait for the time allotted and file the next Remedy.

(b) Did you present Ground One in all appeals that were available to you?

☒ Yes

☐ No

GROUND TWO:

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Two in all appeals that were available to you?

☐ Yes

☐ No

GROUND THREE:

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Three in all appeals that were available to you?

☐ Yes

☐ No

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

GROUND FOUR:

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Four in all appeals that were available to you?

☐ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

Request for Relief

15. State exactly what you want the court to do:

I would like for the Court to
grant at least 1 yr. Calculated credit to my time off. Being
told every month it will be calculated so we are closer to
home only to get yet another 180 day runaround.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Declaration Under Penalty Of Perjury

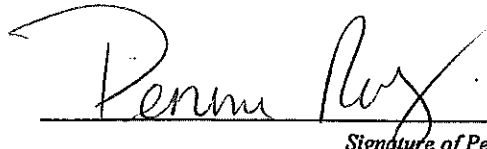
If you are incarcerated, on what date did you place this petition in the prison mail system:

10-11-22

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date:

10-11-22



Signature of Petitioner

Signature of Attorney or other authorized person, if any

Attachment

1. Job History Good Credit
2-25-2022 to Current (Oct 24th 2022) still employed.
2 months Credit
2. College Education course Good Credit
Paid out of pocket 915 hrs.
3. Team sheet completed classes
4. 8.5, BP-9, BP-10 all submitted the
BP-9, + 8.5 was Refusal to sign, BP-10 would
not be accepted because ~~BP~~ 8.5 + BP-9 was not
signed. Denied Remedies

CRWOZ 531.01 *

INMATE HISTORY

10-17-2022

PAGE 001 OF 001 *

WRK DETAIL

*

12:48:33

REG NO.: 28005-509 NAME: RODRIGUEZ, PENNIE

CATEGORY: WRK FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP DATE/TIME
CRW	NURSE ASST NURSING ASSISTANT	09-22-2022 1327	CURRENT
CRW	NURSE ASST NURSING ASSISTANT	05-26-2022 0838	09-22-2022 0923
CRW	MHIN-ASST MENTAL HEALTH ASSIST	05-23-2022 0001	05-26-2022 0838
CRW	U1N ORD AM UNIT 1 NORTH ORDERLY AM	02-25-2022 0001	05-23-2022 0001
CRW	UNASSG PENDING WORK ASSIGNMENT	01-17-2022 1307	02-25-2022 0001
CRW	A&O ADMISSION & ORIENTATION	01-11-2022 1428	01-17-2022 1307

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: SEPTEMBER 23, 2022

FROM: ADMINISTRATIVE REMEDY COORDINATOR
SOUTH CENTRAL REGIONAL OFFICE

TO : PENNIE RODRIGUEZ, 28005-509
CARSWELL FMC UNT: MED/SURG QTR: F03-342L
P.O. BOX 27066
FORT WORTH, TX 76127

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 1134972-R1 REGIONAL APPEAL
DATE RECEIVED : AUGUST 23, 2022
SUBJECT 1 : OTHER SENTENCE COMPUTATION
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE
WRONG LEVEL. YOU SHOULD HAVE FILED AT THE
INSTITUTION, REGIONAL OFFICE, OR CENTRAL
OFFICE LEVEL.

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

REJECT REASON 3: SEE REMARKS.

REMARKS : YOU MUST FILE A BP9 AT THE INSTITUTIONAL LEVEL. IF
NOT SATISFIED WITH BP9 RESPONSE, THEN FILE BP10
APPEAL AT THE REGIONAL LEVEL.

RECEIVED OCT 05 2022
23

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Rodriguez Pennie R. 28005-509 NCC Carswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

I am requesting 1 yr./12 months total on my Comp Sheet to be calculated. I have taken classes, finished college course, and have worked since Feb. 2022 as a Nurse Assistant. I am attaching 8.5 & a 9 with no signatures because my Unit Team refuses to allow me to file remedies. My Pattern Score has not been updated on my Team date to allow these credits to calculate it does not reflect any classes to give me an opportunity to lower my Recidivism to a low. 915 hrs. for college classes, Trauma, Resolve workshop, Drug class, still in House of Healing and Threshold class.

8-16-22

DATE

Pennie R. Rodriguez
SIGNATURE OF REQUESTER

Part B—RESPONSE

RECEIVED
AUG 23 2022
BUREAU OF PRISONS
LEGAL DEPARTMENT, SCRC

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1134972

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____



PRINTED ON RECYCLED PAPER

Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Rodriguez Pennie R. 28005-509 NCC Corswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

I am requesting 1 yr/12 months total on my Comp Sheet to be calculated. I have taken classes. Finished college course, and have worked since Feb. 2021 as a Nurse Assistant. I am attaching 8.5 & a 9 with no signatures because my Unit Team refuses to allow me to file remedies. My Pattern Score has not been updated on my Team date to allow these credits to calculate it does not reflect any classes to give me an opportunity to lower my Remedism to a low. 915 hrs. for college classes, Trauma, Resolve workshop, Drug class, Unit in Home of Healing and Threshold class.

8-16-22

DATE

Pennie Rodriguez

SIGNATURE OF REQUESTER

Part B—RESPONSE

RECEIVED

AUG 23 2022

BUREAU OF PRISONS
LEGAL DEPARTMENT, SCRC

DATE

REGIONAL DIRECTOR

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FIRST COPY: REGIONAL FILE COPY

CASE NUMBER: 1134972

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

From: Karlouche, Penne R. 08002 509 NRC Corwell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

I am requesting 1 yr / 12 months total on my Comp Sheet to be calculated. I have taken classes in and college classes, and have earned a new Feb. 2021 in some instances. I am attaching 8.5 & 6.9 with my signature. Because my last Team Effort is 10/10, so no 100% threshold. If there were no, we seen updated on my team date so that there needed to calculate it does not reflect in. Classes, some are an opportunity, in lower in schools in a low. 915 hrs. for college classes, in some, the 100% threshold, 100% of the total of my last Threshold 100%.

8-16-21

DATE _____

Permanently

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE _____

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER:

Part C—RECEIPT

CASE NUMBER:

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____



PRINTED ON RECYCLED PAPER

Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Robert R. R. REG. NO. 10522 ONE INSTITUTION
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

8-16-22
DATE

Robert R. R.
SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

THIRD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 1134972**Part C—RECEIPT**

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

USP LVN _____
DATE

 PREVIOUS EDITIONS NOT USABLE
Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Rodriguez Pennie R 28005-509 NCC Carswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am requesting a full year of credits from FSA to be calculated on my comp sheet. I have taken classes, finished Correspondence Classes, and have worked a job at Carswell since Feb 2022. I can not attach an 8.5 because I was informed it would not be signed and it would be discarded. I am following my remedies to the best of my ability.

7-11-22

DATE

Pennie R

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Rodriguez Pennie R 28005-509 NCC Carswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am requesting a full year of credits from FSA to be calculated on my Comp sheet. I have taken classes, finished Correspondence Classes and have worked a job at Carswell since Feb 2022. I can not attach an 8.5 because I was informed it would not be signed and it would be discarded. I am following my remedies to the best of my ability.

7-11-22
DATE

Pennie R
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: _____

CASE NUMBER: 10112

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Rodriguez Penne R 28005509 NCC Carwell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am requesting a full year of credit from FSA to be calculated on my Comp sheet. I have taken classes, finished Correspondence classes and have worked a job at Carwell since Feb 2022. I can not attach an 8.5 because I was informed it would not be signed and it would be discarded. I am following my remedies to the best of my ability.

7-11-22

DATE

Penne R

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Rodnewi Pennie R 28005509 NCC Corcoran
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am requesting a full year of credit from FSA to be awarded on my Comp sheet. I have taken classes, finished Correspondence classes and have worked a job at Corcoran since Feb 2022. I can not attach an 8.5 because I was informed it would not be signed and it would be discarded. I am following my remedy to the best of my ability.

7-11-22

DATE

Pennie R

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

THIRD COPY: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



September 1, 2010

Attachment A

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	Pennie Rodriguez	Register Number	28005-509
-------------	------------------	-----------------	-----------

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred.

I am requesting my FSA Credits. I have 1 full year worth. I have taken correspondence courses, classes - FSA and have worked since Feb 2022

2. Briefly state the action you request to resolve your complaint.

1 yr worth of FSA Credits ~~72 mo~~
12 months

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint.

Starting action

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response _____

5. Summary of investigation (place response on this form):

6. What actions were taken to resolve this matter informally (place response on this form):

7. Explain reasons for no resolution (place response on this form):

Date & Time Issued BP 8.5 _____

Unit Team Member: _____

Date & Time Inmate Returned BP 8.5 _____

Unit Team Member: _____

Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature _____

Date _____

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

CRW 1330.16a
September 1, 2010
Attachment A

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name <u>Pennie Rodriguez</u>	Register Number <u>28005-509</u>
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I am requesting my FSA Credits. I have 1 full year worth. I have taken correspondence courses, classes - FSA and have worked since Feb 2022

2. Briefly state the action you request to resolve your complaint.

*1 yr worth of FSA Credits ~~72 mo~~
12 months*

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Starting action

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TO BE COMPLETED BY STAFF

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6. What actions were taken to resolve this matter informally (place response on this form):

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Date & Time Issued BP 8.5 _____

Unit Team Member: _____

Date & Time Inmate Returned BP 8.5 _____

Unit Team Member: _____

Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature _____

Date _____

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the Inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

CRW 1330.16a
September 1, 2010
Attachment A**DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT**

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	Register Number
Pennie Rodriguez	28005-509

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred.

I am requesting my FSA Credits. I have 1 full year worth. I have taken correspondence courses, classes - FSA and have worked since Feb 2022

2. Briefly state the action you request to resolve your complaint.

1 yr worth of FSA Credits 72 mo
12 months

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint.

Starting action

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response _____

5. Summary of investigation (place response on this form):

6. What actions were taken to resolve this matter informally (place response on this form):

7. Explain reasons for no resolution (place response on this form):

Date & Time Issued BP 8.5 _____

Unit Team Member: _____

Date & Time Inmate Returned BP 8.5 _____

Unit Team Member: _____

Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature _____

Date _____

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the Inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name Penne Rodriguez **Register Number** 28005-509

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred.

I am requesting my FSA Credits. I have 1 full year worth. I have taken correspondence courses, classes - FSA and have worked since Feb 2022

2. Briefly state the action you request to resolve your complaint.

1 yr worth of FSA Credits ~~72 mo~~
12 months

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint.

Starting action

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response _____

5. Summary of investigation (place response on this form):

6. What actions were taken to resolve this matter informally (place response on this form):

7. Explain reasons for no resolution (place response on this form):

Date & Time Issued BP 8.5 _____

Unit Team Member: _____

Date & Time Inmate Returned BP 8.5 _____

Unit Team Member: _____

Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13)) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature _____

Date _____

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

CRWDL * INMATE EDUCATION DATA * 08-10-2022
 PAGE 001 OF 001 * TRANSCRIPT * 19:25:10

REGISTER NO: 28005-509 NAME.: RODRIGUEZ FUNC: PRT
 FORMAT.....: TRANSCRIPT RSP OF: CRW-CARSWELL FMC

----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022 0919	CURRENT
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022 0919	CURRENT

----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
CRW MS	COLLEGE CORRESPONDENCE	02-19-2022	08-02-2022	P	C	P	915
CRW LOW	BILLIARDS HOSPITAL	03-14-2022	04-04-2022	P	C	P	4

G0000 TRANSACTION SUCCESSFULLY COMPLETED

CRWDL * INMATE EDUCATION DATA * 08-10-2022
 PAGE 001 OF 001 * TRANSCRIPT * 19:25:10

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CRWDL *
PAGE 001 OF 001 *

INMATE EDUCATION DATA
TRANSCRIPT

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SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
CRW MS	COLLEGE CORRESPONDENCE	02-19-2022	08-02-2022	P	C	P	915
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 PAGE 001 OF 001 * TRANSCRIPT * 19:25:10

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----- EDUCATION INFORMATION -----
 FACL ASSIGNMENT DESCRIPTION START DATE/TIME STOP DATE/TIME
 CRW ESL HAS ENGLISH PROFICIENT 01-13-2022 0919 CURRENT
 CRW GED HAS COMPLETED GED OR HS DIPLOMA 01-13-2022 0919 CURRENT

----- EDUCATION COURSES -----
 SUB-FACL DESCRIPTION START DATE STOP DATE EVNT AC LV HRS
 CRW MS COLLEGE CORRESPONDENCE 02-19-2022 08-02-2022 P C P 915
 CRW LOW BILLIARDS HOSPITAL 03-14-2022 04-04-2022 P C P 4

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC
 Name: RODRIGUEZ, PENNIE
 Register No.: 28005-509
 Age: 44
 Date of Birth: 05-19-1978

Proj. Rel. Date: 07-31-2024
 Proj. Rel. Mthd: GOOD CONDUCT TIME
 DNA Status: PREBOP TST / 11-10-2021

Detainers

Detaining Agency	Remarks
------------------	---------

NO DETAINER

Current Work Assignments

Fac	Assignment	Description	Start
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022

Current Education Information

Fac	Assignment	Description	Start
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022

Education Courses

SubFac	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW C		BILLIARDS HOSPITAL	03-14-2022	04-04-2022

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022
CARE2	STABLE, CHRONIC CARE	05-16-2022

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022
NO F/S	NO FOOD SERVICE WORK	02-09-2022
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	02-09-2022

Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: AGREED \$25.00

Frequency: QUARTERLY

Payments past 6 months: \$150.00

Obligation Balance: \$177,831.00

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$100.00	(\$25.00)	IMMEDIATE	COMPLETED
Adjustments:					
		Date Added	Fac	Adjust Type	Reason Amount
		03-09-2022	CRW	PAYMENT	OUTSIDE \$100.00
		03-05-2022	CRW	PAYMENT	INSIDE PMT \$25.00
2	REST FV	\$177,881.00	\$177,856.00	IMMEDIATE	AGREED
Adjustments:					
		Date Added	Fac	Adjust Type	Reason Amount
		06-07-2022	CRW	PAYMENT	INSIDE PMT \$25.00

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC
 Name: RODRIGUEZ, PENNIE
 Register No.: 28005-509
 Age: 44
 Date of Birth: 05-19-1978

Proj. Rel. Date: 07-31-2024
 Proj. Rel. Mthd: GOOD CONDUCT TIME
 DNA Status: PREBOP TST / 11-10-2021

Detainers

Detaining Agency	Remarks
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NO DETAINER

Current Work Assignments

Fac	Assignment	Description	Start
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022

Current Education Information

Fac	Assignment	Description	Start
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022

Education Courses

SubFac	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW C		BILLIARDS HOSPITAL	03-14-2022	04-04-2022

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022
CARE2	STABLE, CHRONIC CARE	05-16-2022

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022
NO F/S	NO FOOD SERVICE WORK	02-09-2022
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	02-09-2022

Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$150.00 Obligation Balance: \$177,831.00

Financial Obligations

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Adjustments:					
		Date Added	Fac	Adjust Type	Reason Amount
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**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC
 Name: RODRIGUEZ, PENNIE
 Register No.: 28005-509
 Age: 44
 Date of Birth: 05-19-1978

Proj. Rel. Date: 07-31-2024
 Proj. Rel. Mthd: GOOD CONDUCT TIME
 DNA Status: PREBOP TST / 11-10-2021

Detainers

Detaining Agency	Remarks
------------------	---------

NO DETAINER

Current Work Assignments

Fac	Assignment	Description	Start
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022

Current Education Information

Fac	Assignment	Description	Start
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022

Education Courses

SubFac	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW C		BILLIARDS HOSPITAL	03-14-2022	04-04-2022

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022
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Current Medical Duty Status Assignments

Assignment	Description	Start
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NO F/S	NO FOOD SERVICE WORK	02-09-2022
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Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$150.00 Obligation Balance: \$177,831.00

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**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC Proj. Rel. Date: 07-31-2024
 Name: RODRIGUEZ, PENNIE Proj. Rel. Mthd: GOOD CONDUCT TIME
 Register No.: 28005-509 DNA Status: PREBOP TST / 11-10-2021
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Detaining Agency	Remarks
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NO DETAINER

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Current Education Information

Fac	Assignment	Description	Start
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022
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Education Courses

SubFac	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW C		BILLIARDS HOSPITAL	03-14-2022	04-04-2022

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
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Current Care Assignments

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CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022
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ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

FRP Payment Plan

Most Recent Payment Plan

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**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Most Recent Payment Plan**FRP Deposits**

Trust Fund Deposits - Past 6 months: \$2,408.68

Payments commensurate ? Y

New Payment Plan: ** No data **

Current FSA Assignments

Assignment	Description	Start
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-25-2022
N-ANGER Y	NEED - ANGER/HOSTILITY YES	08-03-2022
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	08-03-2022
N-COGNTV Y	NEED - COGNITIONS YES	08-03-2022
N-DYSLEX N	NEED - DYSLEXIA NO	02-01-2022
N-EDUC N	NEED - EDUCATION NO	08-03-2022
N-FIN PV Y	NEED - FINANCE/POVERTY YES	08-03-2022
N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022
N-WORK Y	NEED - WORK YES	08-03-2022
R-MED	MEDIUM RISK RECIDIVISM LEVEL	04-18-2022

Progress since last review

Completed the Drug education course, Resolve workshop. Making payments on her FRP as ordered in the last 6 months paid \$150.00. Did not incur any incident reports since last program review. Completed the Billiards hospital course since last program review. Working as a Nurse ASST.

Next Program Review Goals

Take the Criminal thinking course, the Assert yourself for female offenders. Continue making payments on your FRP as ordered. Do not incur any incident reports.

Long Term Goals

Take an apprenticeship course of your choice by 12/23.

RRC/HC Placement

No.
Management decision - will review 17-19 months prior to release.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources
- Offense
- Prisoner
- Court Statement
- Sentencing Commission

Comments

No PREA concerns.
will be reviewed for RRC/HC placement 17 to 19 months prior to her release date. A RRC/HC review consist of following the guidelines of the Second Chance Act of 2007, using the five factor criteria in accordance with 18 U.S.C. 3261.



Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

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FRP Deposits

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N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022
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N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022
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**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

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N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022
N-WORK Y	NEED - WORK YES	08-03-2022
R-MED	MEDIUM RISK RECIDIVISM LEVEL	04-18-2022

Progress since last review

Completed the Drug education course, Resolve workshop. Making payments on her FRP as ordered in the last 6 months paid \$150.00. Did not incur any incident reports since last program review. Completed the Billiards hospital course since last program review. Working as a Nurse ASST.

Next Program Review Goals

Take the Criminal thinking course, the Assert yourself for female offenders. Continue making payments on your FRP as ordered. Do not incur any incident reports.

Long Term Goals

Take an apprenticeship course of your choice by 12/23.

RRC/HC Placement

No.
Management decision - will review 17-19 months prior to release.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources
- Offense
- Prisoner
- Court Statement
- Sentencing Commission

Comments

No PREA concerns.
will be reviewed for RRC/HC placement 17 to 19 months prior to her release date. A RRC/HC review consist of following the guidelines of the Second Chance Act of 2007, using the five factor criteria in accordance with 18 U.S.C. 3261.

FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 28005-509, Last Name: RODRIGUEZ

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Register Number: 28005-509

Inmate Name

Last.....: RODRIGUEZ

First.....: PENNIE

Middle.....:

Suffix.....:

Gender.....: FEMALE

Risk Level Inmate.....: R-MED

General Level.....: R-MED (44)

Violent Level.....: R-LW (10)

Security Level Inmate: MINIMUM

Security Level Facility: LOW

Responsible Facility: CRW

Start Incarceration...: 01/11/2022

PATTERN Worksheet Summary

Item	- Value	- General Score	- Violent Score
Current Age	43	10	2
Violent Offense (PATTERN)	FALSE	0	0
Criminal History Points	26	40	10
History of Escapes	0	0	0
History of Violence	0	0	0
Education Score	HighSchoolDegreeOrGED	-6	-2
Drug Program Status	NoDAPCompletion	0	0
All Incident Reports (120 Months)	0	0	0
Serious Incident Reports (120 Months)	0	0	0
Time Since Last Incident Report	N/A	0	0
Time Since Last Serious Incident Report	N/A	0	0
FRP Refuse	FALSE	0	0
Programs Completed	0	0	0
Work Programs	0	0	0
		Total 44	10

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Pennie Rodriguez 28005-509
Cariswell FMC
PO Box 27137
Fort Worth, TX 76127



*Legal
Mail*

↔ 28005-509 ↔
Us Courthouse
501 W 10TH ST
310
FORT Worth, TX 76102
United States

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NORTHERN DISTRICT OF TEXAS

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